



Class #

REGISTRATION FORM

Today's Date:		Location:		
Precinct Where Property Is Loc	ated: CHECK ONE <u>√</u>			
South Mountain	Desert Horizon	-		
Central City	Squaw Peak	Cactus Park		
PLEASE PRINT:				
Property Name	Address		ZIP	
		Emergency. Contact: ((Pager, Cell Phone, A	_ Answering Service, etc.)
	, ,	gr.'s Office/Apt. #Misc. (_
Prop. Management Co:	Company A	ddress:	ZIP	-
Management Co. Phone: ()	Is Property Curre	ently Certified? YES NO		
III		t this time please disregard the f		
Name (Last, First)	Attende	ee Mailing Address		-
Unit # ZIP Pro	perty Name	Job Title		
Bus. Ph.: ()	Fax Number: ()			
Are you a current/future POPS Officer	Yes No Property N	Name(if known)		_
Print Your Name		Sign Your Name		
			_	

The handouts and training provided by the Phoenix Police Department is intended to foster healthy and safe neighborhoods through landlord and resident involvement to reduce drug dealing and other illegal activity in the community. The handouts and training should not be regarded as legal advice or considered a replacement for the landlord and resident's responsibilities to be familiar with the law. In that regard, I release the City of Phoenix and its employees from all liability and responsibility in involving my participation in this training program.